



City of Arts & Innovation

## 24<sup>th</sup> Annual Riverside Festival of Lights Community Entertainment Application

Entertainer/Group Name: \_\_\_\_\_

Performance Type: ☐ Solo ☐ Duo ☐ Trio ☐ Band ☐ Choral ☐ Dance  
☐ Ice Sculpting ☐ Magician ☐ Other \_\_\_\_\_

Brief Description/Music Genre: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address (if applicable): http://\_\_\_\_\_

Note: Please keep in mind that it is expected for you/your group to perform for the entire duration of your allotted performance time. If necessary, please come prepared to perform multiple sets to fill your allotted performance time.

Time Needed for Set-Up: ☐ 15 min ☐ 30 min

Sets: \_\_\_\_\_ /Set Length: ☐ 15 min ☐ 30 min ☐ 45 min ☐ 1 hour

Time Needed for Clean-Up: ☐ 15 min ☐ 30 min

On-Site Contact Name & Title: \_\_\_\_\_

On-Site Contact Number: (\_\_\_\_\_) \_\_\_\_\_

☐ Please connect me/our group with the Production Company.

☐ I/We are able to perform on multiple dates.

Please indicate below the date(s) you/your group would prefer to perform. Space for **alternate** dates is provided below. We highly suggest including alternate dates in the event that your first choice is unavailable. If you/your group would like to perform multiple times, please list additional dates on a separate sheet of paper and attach it to this Form. Please keep in mind that the Start Time is when you/your group begin performing. Check-in with the Sound Technician is required no less than 15 minutes prior to performance time, depending on the time needed for set-up.

<u>First Choice</u>	<u>Alternate Choice</u>	<u>Alternate Choice</u>	<u>Alternate Choice</u>
Date: _____	Date: _____	Date: _____	Date: _____

\* The City of Riverside reserves the right to cancel and/or reschedule performances as necessary.